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## \*BIBDATASHEET\*

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## \*\* CONTINUING DATA \*\*\*\*\*

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TN	DRAWING 20	CLAIMS 28	CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>mo</i> Initials				

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## TITLE

Automatic identification of medical staff training needs

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